

## CHECKLIST FOR OBTAINING CATERER PERMIT

### Definitions:

**Caterer:** any person/entity who operates from a permitted food facility where food is prepared or stored then delivered and/or served at an off premises caterer function. Per California Retail Food Code, caterers are required to have a valid Environmental Health permit.

**Off-Premises Caterer Function:** a private caterer function (weddings, birthdays, etc.) or public caterer function (individual business functions, non-profit organization fundraiser, etc.) where a caterer provides food and related services for a person or persons at a location other than their permitted food facility.

**Cook-for-Hire:** any person hired to prepare and/or serve food at a private home. No catered food is provided by the cook-for-hire, and no equipment is stored, or handled at the clients' private home. All food prepared by a cook-for-hire is handled at the location of the private home where the client provided the food, utensils, equipment, and kitchen. No Environmental Health permit is required since only food preparation services, not food, are offered for sale/service at a private home.

To make the caterer plan review process as easy as possible, use the checklist below to assure that you have all the necessary information required. Once the packet is submitted, you will be contacted by the inspector within 10 business days.

- Completed Permit Application Form
- Completed Santa Clara County Rental Kitchen Agreement Form
- Copy of Rental Kitchen Contract/ Lease Agreement
- Completed Written Operational Procedure Statement
- Copy of Food Safety Certificate and Food Handler Cards for employees (if available)

A permit fee will be due at the time of inspection/permit issuance:

- FP18 Caterer/kitchen rental food preparation operation RC1 (non PHFs) \$305.00  
(Examples of non-PHF: cookies, breads, baked goods)
- OR**
- FP19 Caterer/kitchen rental food preparation operation RC2 (PHFs) \$458.00  
(Examples include but are not limited to: cooked meats, sandwiches, pastas, etc.)



PERMIT APPLICATION
&
CERTIFICATION STATEMENT

DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION
1555 Berger Dr., Suite 300
San Jose, CA 95112-2716
Phone (408) 918-3400 • FAX (408) 258-5891
Website: www.ehinfo.org/cpd
Email: dehweb@cep.sccgov.org

Owner Information:

Owner Name: \_\_\_\_\_
(Corporation, LLC Name or First and Last Name of Primary Owner)

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Has/Does the owner had/have a permit to operate a Facility in Santa Clara County? [ ] No [ ] Yes (If Yes, please answer the following):

Facility ID#: FA0 \_\_\_\_\_ Facility Name: \_\_\_\_\_

Facility Information:

Facility Name (dba): \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency/Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Pool/Spa Access Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please send Official/Billing Correspondence to:

[ ] Owner OR [ ] Other (Please specify below):
Name: \_\_\_\_\_ Care of: \_\_\_\_\_
[ ] Facility Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

This permit is renewable annually. A permit will not be issued or renewed until the application is complete, all fees have been paid in full, and/or all applicable inspections have been passed. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct and true.

The undersigned hereby applies for a Permit to operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes. Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines and permit suspension/revocation proceedings. NOTIFY the Department of Environmental Health of any change in the type of business activity, name, billing address, or ownership by calling the number above within 14 calendar days of a change. PERMITS AND FEES ARE NOT TRANSFERABLE

NOTE: Any information contained in this application is a matter of public record, and is available to the public under the California Public Records Act.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

FOR OFFICE USE ONLY:

Facility ID# FA0 \_\_\_\_\_ (Add New) New Owner ID# OW0 \_\_\_\_\_ (Add New)

Food Safety Certification Required? Yes No City Code: [ ] Stanford (19) [ ] Unincorporated Area (16)

Business Code: \_\_\_\_\_

Change of Ownership Date: \_\_\_\_\_ General Program ID# PR0 \_\_\_\_\_ (Add New) Designated Employee ID: \_\_\_\_\_

P/E: \_\_\_\_\_ Status: [ ] 01 (Active Billable) [ ] 04 (Active Exempt) Current Permit Valid from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

General Permit ID# PT0 \_\_\_\_\_ (Add New) Permit Status: \_\_\_\_\_ 21 Permit Type: [ ] P [ ] PE [ ] PV

Permit Conditions and Descriptions: [Supervisor Initials \_\_\_\_\_] [ ] Add [ ] Modify [ ] Delete Conditions:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ [ ] Bill customer [ ] Payment Rcv'd Ck#: \_\_\_\_\_
(Specialist)

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Date e/Mailed: \_\_\_\_\_ \$: \_\_\_\_\_

Support Staff: \_\_\_\_\_ Entered Date: \_\_\_\_\_ New AR#: \_\_\_\_\_ Invoice #: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Business Code:** 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency, 05-County Agency, 06-State Agency, 07-Federal Agency

**Permit Type:** P-Permanent, PE-Permanent Exempt, PV-Permanent Veteran



## RENTAL KITCHEN AGREEMENT FORM

For a Caterer



### APPLICANT INFORMATION

Owner Name:	Name of Business:		
Owner Address:	City:	State:	Zip:
Email Address:	Telephone: (    )	Mobile: (    )	

Name of the rental kitchen: \_\_\_\_\_ Address: \_\_\_\_\_

Provide days and times of facility use: *Morning ( 5am – 12pm ); Afternoon (12pm – 7pm); Evening (7pm – 5 am)*

Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>	Sat <input type="checkbox"/>	Sun <input type="checkbox"/>

- \_\_\_\_\_ *Initial* All food(s) and equipment(s) essential to the business will be stored at the rental kitchen.
- \_\_\_\_\_ *Initial* All food will be prepared at the rental kitchen and NOT at home.
- \_\_\_\_\_ *Initial* I will obtain the food safety manager certificate within 60 days of permit issuance and maintain a copy on site .
- \_\_\_\_\_ *Initial* I will ensure all food employees obtain their food handler cards within 30 days of hire maintain a copy on site.
- \_\_\_\_\_ *Initial* I will maintain a copy of a valid Environmental Health Permit on site.
- \_\_\_\_\_ *Initial* I will notify my inspector prior to purchasing any new equipment that is not provided by the rental kitchen, but essential to my business. Equipment may be subject to Department of Environmental Health (DEH) plan check review.

If the use of the approved facility is discontinued, I will cease my operation and notify DEH at (408) 918-3400. The permit is not transferable to another facility and it is required reapply for a new permit. Operating out of an unapproved facility for any of the operations above may lead to enforcement action and penalties as written in the County Ordinance and the California Retail Food Code.

Print Name	Signature of Applicant	Date
------------	------------------------	------

### APPROVED RENTAL FACILITY INFORMATION

Type of Facility:     Commercial Kitchen     Restaurant     Bakery

Attach a copy of the rental agreement

Facility name: \_\_\_\_\_

Facility Address:	City:	State:	Zip:
Email Address:	Telephone: (    )	Mobile: (    )	

*I, the owner of this kitchen can accommodate the storage space and equipment use for the business, as indicated by the applicant, at my facility. I acknowledge that I am responsible for the maintenance of the facility equipment(s), vermin control, potable hot and cold water and the sanitation of this facility. If there is an imminent health hazard, I will notify DEH and voluntarily close my facility and cease any food preparation operations occurring at the time of the hazard. If the agreement with the renter is terminated or the renter is no longer using my facility, I will notify DEH.*

Print Name of Facility Owner/Agent	Signature of Owner/Agent	Date
------------------------------------	--------------------------	------

FOR OFFICE USE ONLY		
Dist. Staff Initials: _____ Emp # _____ Date: _____		
Notes (date/review/comments):		
FA#	Owner ID#	PR#



## Written Operational Procedures Statement

The permit holder of caterer handling unpackaged food shall develop and follow written operational procedures for food handling, cleaning and sanitizing of food-contact surfaces and utensils and how to maintain food safety during all operations that is essential to the catering business. **The following must be completed and returned to this office for approval before a permit is issued. NOTE: If you are an existing caterer who moved, you are required to fill out a new form when changing to a new location.** Use additional paper if necessary

Name of Business: _____		
Owner Name: _____	Phone: _____	
Owner Email: _____		
Rental Kitchen Name: _____		
Rental Kitchen Address: _____		
City: _____	State: _____	Zip: _____

### A. CATERING BUSINESS PLAN (Check all that apply):

1. Who are your target customers?
  - Corporate Lunches       Individual Order       Private Parties (weddings, birthdays, family gatherings, etc.)
  - Other: \_\_\_\_\_
2. How do you receive orders from customers?
  - Phone                       Internet                       Walk-in
  - Other: \_\_\_\_\_
3. Provide days of the week and times of approved rental facility use
  - M \_\_\_\_\_                       T \_\_\_\_\_                       W \_\_\_\_\_
  - Thurs \_\_\_\_\_                       F \_\_\_\_\_                       Sat \_\_\_\_\_
  - Su \_\_\_\_\_                       Other: \_\_\_\_\_

4. How many employees will be preparing food? \_\_\_\_\_

***(Note all employees must obtain food handler cards)***



5. Provide detailed steps/procedures that indicate storing, cooking, cooling, and delivering **temperatures for each food item** proposed (use one page per menu item, attach pages as needed). Reference: Sample step/procedure worksheet.

<b>Menu Item:</b>	
<b>Step 1- Storage:</b> Potentially Hazardous Foods (PHF) must be stored at or below 41F or at or above 135F. <i>(i.e. PHF- Milk, meat, poultry, cheese, etc.)</i>	
<b>Step 2- Preparation:</b>	
<b>Step 3- Cooking</b> See <b>Minimum Cooking Temperatures</b> handout for reference.	
<b>Step 4- Cooling (if applicable)</b> Potentially hazardous foods which have been cooked or heated in the approved facility must be cooled from <b>135°F to 70°F within 2 hours and from 70°F to 41°F within 4 hours.</b>	
<b>Step 5- Reheating (if applicable)</b> Any potentially hazardous food that has been cooked, cooled and subsequently reheated for hot holding <b>shall be reheated from 41°F to 165°F for at least 15 seconds in 2 hours.</b>	
<b>Step 6- Delivery</b>	

<b>Menu Item:</b>	
<b>Step 1- Storage:</b> Potentially Hazardous Foods (PHF) must be stored at or below 41F or at or above 135F. (i.e. PHF- Milk, meat, poultry, cheese, etc.)	
<b>Step 2- Preparation:</b>	
<b>Step 3- Cooking</b> See <b>Minimum Cooking Temperatures</b> handout for reference.	
<b>Step 4- Cooling (if applicable)</b> Potentially hazardous foods which have been cooked or heated in the approved facility must be cooled from <b>135°F to 70°F within 2 hours and from 70°F to 41°F within 4 hours.</b>	
<b>Step 5- Reheating (if applicable)</b> Any potentially hazardous food that has been cooked, cooled and subsequently reheated for hot holding <b>shall be reheated from 41°F to 165°F for at least 15 seconds in 2 hours.</b>	
<b>Step 6- Delivery</b>	

6. Indicate where the food(s) or food ingredients will be purchased (*invoices must be available for review for a minimum of 90 days*).

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Restaurant Depot                  | <input type="checkbox"/> Costco                              | <input type="checkbox"/> Cash and Carry |
| <input type="checkbox"/> Smart and Final                   | <input type="checkbox"/> Local grocery store (specify) _____ |   |
| <input type="checkbox"/> On line ingredients (i.e. Amazon) | <input type="checkbox"/> Farmers Markets                     |   |
| <input type="checkbox"/> List any other _____              |  |   |

7. Are specialized processes used to prepare your food?  Cook-chill  Vacuum packaging  Sous Vide   
 Acidification  Fermentation  Drying  Smoking  Curing
8. Attach an approved HACCP plan from the California Department of Public Health (CDPH) for any of the following specialized processes (cook-chill, vacuum packaging and sous vide).
9. Explain all special processes: \_\_\_\_\_
- 
10. Indicate where the food and utensils will be stored at the rental kitchen. Submit pictures and/or draw a layout of kitchen, if available.

Items:	Location in the kitchen
Cooking equipment	
Dry ingredients (salt, pepper, sugar)	
Dairy, meat, vegetables	

**C. CLEANING AND SANITIZING OF FOOD EQUIPMENT AND UTENSILS (Check all that apply):**

1. Describe how food utensils and food contact surfaces will be cleaned and sanitized.
- Manual sanitize (wash, rinse, sanitize, and air-dry)**  **Chemical dishwasher**  
 **High-temperature dishwasher**
2. What sanitizer or sanitizing method will be used? Indicate if a commercial premixed solution will be used or if a sanitizer solution will be prepared. Approved sanitizer must contain one of the following chemicals at the specified concentrations. (**Note:** Appropriate test strips are required.)
- Check the sanitizer that will be used:
- Contact with a solution of 100 parts per million (ppm) available chlorine for at least 30 seconds.  
 Contact with a solution of 200 parts per million available quaternary ammonium for at least one minute.  
 Contact with a solution of 25 parts per million available iodine for at least one minute

**D. FOOD DELIVERY METHOD:** Catered food may not be mailed via UPS/FED-EX or USPS.

1. Describe **HOW** potentially hazardous foods (PHF) will be delivered? What equipment will be used to maintain cold (below 41°F) or hot food (above 135°F)?

2. How are the catered foods delivered? :  Pick up only  Delivery only  Served on site by company staff  
 Additional comments: \_\_\_\_\_

**Initial each statement to show you understand the requirements:**

- \_\_\_\_\_ All food, prior to the caterer function, shall be stored and prepared at the caterer's permitted food facility or rental kitchen (California Retail Food Code CRFC section 113789, 114021).
- \_\_\_\_\_ All utensils and equipment shall be washed and stored at the caterer's permitted food facility or rental kitchen. Prior to use, all utensils shall be washed and sanitized. Utensils and equipment shall be protected from contamination (CRFC sections 114095, 114099, 114175)
- \_\_\_\_\_ At all times that the caterer has control over the food, including periods of storage, preparation, transportation and service, all food shall be adequately protected so as to be maintained pure and free from adulteration, spoilage and contamination (CRFC sections 113980, 113982).

\_\_\_\_\_ The caterer shall not prepared food from home to be used at a caterer function, except foods that are approved from permitted Cottage Food Operation (CFO) (CRFC section 114021).

\_\_\_\_\_ Caterer must ensure potable water is available and toilet facilities shall be available within 200 feet of the off-premise catered function.

\_\_\_\_\_ Catering vehicle shall be maintained in a clean, sanitary condition (CRFC section 114257)

\_\_\_\_\_ All Potentially Hazardous Foods (PHFs) shall be prepared, transported, and maintained at the appropriate temperature (i.e. cold foods @  $\leq 41^{\circ}\text{F}$  and hot foods @  $\geq 135^{\circ}\text{F}$ ).

\_\_\_\_\_ Hands will be washed with warm water, hand soap, and clean paper towels, prior to food handling, after hands are contaminated, after handling raw meats, and before donning gloves. (CRFC section 113953.3).

\_\_\_\_\_ Employees will not handle food when diagnosed with communicable disease(s), or have symptoms of vomiting and diarrhea. (CRFC section 113949.2)

By signing below you are certifying that you meet the requirements of the California Retail Food Code (CRFC), as it pertains to a catering operation. Prior to making any changes, I acknowledge that I shall notify the Department of Environmental Health if I change rental kitchen or would like to inactivate my permit.

**NOTE:** Any information contained in this application is a matter of public record and is available to the public under the California Public Records Act (CPRA).

\_\_\_\_\_  
Owner/Authorized Agent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**\*\*OFFICE USE ONLY\*\***

First review date: \_\_\_\_\_ Comments: \_\_\_\_\_

Revision date: \_\_\_\_\_ Comments: \_\_\_\_\_

Inspection date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Written Operation Procedure Reviewed By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

SR #: \_\_\_\_\_ Permit issued

## EXAMPLE: STEPS/PROCEDURES FOR COMPLEX FOOD ITEM

### Beef Stew:

